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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Reiley et al.

Attorney Docket No.: 1759.2570-CIP 3 CON

Serial No.: 09/754,451

Examiner: J. Woo

Filed: 4 January 2001

Group Art Unit: 3731

For: Systems and Methods for Treatment of Fractured or Diseased Bone Using Expandable Bodies

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is

☐ a small entity

☒ other than a small entity.

## CERTIFICATE OF TRANSMISSION VIA TELECOPIER

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted to the United States Patent and Trademark Office, addressed to the Group and Examiner identified above, telecopier No. (703) 872 - 9308 on 20 September 2004.

Judith Dunaway

Type or print name of person mailing paper

(Signature of person mailing paper)

09/20/2004 DEKONS 00000000 052360 09754451

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**FEE FOR CLAIMS**

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee (Small Entity)	Additional Fee (Large Entity)
Total Claims 37 CFR 1.16(c)*	46	-20 =	26	x \$ 9.00	\$234	\$468
Independent Claims (37 CFR 1.16(b)**	3	-3 =	0	x \$ 43.00	\$0	\$0
First Presentation of Multiple Dependent claim(s) if any (37 CFR 1.16(d))	6			\$145.00	\$145	\$290
<b>Total Additional Fee</b>					<b>\$378</b>	<b>\$758</b>

- \* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**WARNING:** "After final rejection or action (S 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR S 1.116(a) (emphasis added).

(complete (c) or (d) as applicable)

- (c) ☐ No additional fee for claims is required.

OR

- (d) ☒ Total additional fee for claims required \$ 758.00.

**FEE PAYMENT**

5. ☐ Attached is a check in the sum of \$\_\_\_\_.  
☒ Charge Account No. 06-2360 the sum of \$758.00.

A duplicate of this transmittal is attached.

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